

2001 UNIFORM BUSINESS REPORT (UBR)

0013511 AF

DOCUMENT # A98000000129

FILED

01 MAY 24 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

KELCO DADELAND ASSOCIATES, LTD.

Principal Place of Business

2700 S. COMMERCE PARKWAY
SUITE 313
WESTON FL 33331

Mailing Address

2700 S. COMMERCE PARKWAY
SUITE 313
WESTON FL 33331

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0803546

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLAY, KELLY SPILLET
2700 S. COMMERCE PARKWAY
SUITE 313
WESTON FL 33331

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,400,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # A98000000117
NAME KELCO-MEYER DADELAND, LTD.
STREET ADDRESS 2700 S. COMMERCE PKWY., SUITE 313
CITY-ST-ZIP WESTON FL 33331

STREET ADDRESS

300004421223--8

CITY-ST-ZIP

~~06/14/01-01123-030~~

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Kelley DeSlay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/01

954-384-2478

Date

Daytime Phone #

CR2E003 (11/00)